S. No. 1

PLACE OF DEATH
County Harford
Village or City abertyew

PERSONAL AND STATISTICAL PARTICUL	ARS MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED O(Write the word)	redowed (Month) (Day) (Yea
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased
Month) (Day)	1866 (Year) that I last saw her alive on Now // , 195
1= 1 K.	dayhrs.  The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or formed free particular kind of work	Cerchial Vernous
(b) General nature of industry business, or establishment in	(Durstion) yrs, mos
which poloyed or (employer)	
9 BIRTHPLACE (State or country) Maryland.	Contributory Commandary Secondary Duration) yrs
9 BIRTHPLACE (State or country) Maryland.  10 NAME OF FATHER William G. Putch	Contributory Secondary
9 BIRTHPLACE (State or country) Maryland.  10 NAME OF William G. Pritch  11 BIRTHPLACE OF FATHER  (State or country) Mary Council  (State or country)	Contributory Secondary  Secondary  Duration)  William Mos.  (Signed)  College Militage  College Milita
9 BIRTHPLACE (State or country) Maryland.  10 NAME OF William G. Picter  11 BIRTHPLACE OF FATHER (State or country) Mary Council  12 MAIDEN NAME OF MUSLuis Rawk	Contributory Secondary  Duration  Puration  Signed  State the I is ase Causing Death, or, in deaths from the Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tients or Recent Residents)
9 BIRTHPLACE (State or country) Maryland.  10 NAME OF William G. Putel OF FATHER William G. Putel OF FATHER (State or country) Mary Cond OF MOTHER CONTROL OF MOTHER (State or Country) Maryland.	Contributory Secondary  Duration  Duration  Was 3 1923/ (Address)  *State the I is ase Causing Death, or, in deaths from the Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tients or Recent Residents)  At place of death yrs. mos. ds. State yrs. mos.
9 BIRTHPLACE (State or country) Maryland.  10 NAME OF William G. Putal  11 BIRTHPLACE OF FATHER (State or country) Maryland  12 MAIDEN NAME OF MOTHER (State or Country) Maryland.  13 BIRTHPLACE OF MOTHER (State or Country) Maryland.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED	Contributory Secondary  Duration)  Signed  State the Liscase Causing Death, or, in deaths from the Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, To itents or Recent Residents)  At place of death with the State with the S
9 BIRTHPLACE (State or country) Maryland.  10 NAME OF William G. Pulch  11 BIRTHPLACE OF FATHER (State or country) Mary land  12 MAIDEN NAME OF MUSLULAR RAWLE  13 BIRTHPLACE OF MOTHER (State or Country) Maryland.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED	Contributory Secondary  Duration  Property  Secondary  Contributory Secondary  Duration  Property  Secondary  Secondary  Property  Secondary  S

13182

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No./ 8/

Ward)

St.:

(If death occurred in a hospital or institution, give its NAME is -

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housebusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, the first line will be sufficient, c. g., Farmer or Planter, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a yrs). (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation single word or term on Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Brouchopneumonia ("Pneumonia,")

stated unless important. "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved (Recommendations on statement of cause of as fracture of skull, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite diseasc "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) 'clanus) may be stated under the head of "contributory." "Atrophy," "Collapse, Never report mere symptoms or terminal condiby Committee on cough; or intercurrent) affection need not be 'Congenital," "Senile," etc.), "Dropsy, Chronic and consequences (e. g., scpsis, Example: Measles (disease "," "Coma," "Convulsions, etc. The valvular heart disease; Nomenclature of the contributory Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

8. No.

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	PLACE	OF DEA	TH /			
	County 14	ast	ord			
		71	-	1		
v	illage or City	ay	EWT.	(No.	-	
	2FULL	NAME.	1400+00+00+00+000	000000000000000000000000000000000000000	120	w
=	PERSONA	AL AND	STATIST	ICAL PAR	TICUL	ARS
3	SEX Kulaki	4 COLOR	OR RACE	5 SINGLE, MARRIE WIDOWS OR DIVO (Write the	RCED	wg
6	DATE OF BIRTI	н	nor	1:	4	. 1.7
		****************	(Month	) (D	ay)	, 14
7	AGE			mos.		fLES day
8	OCCUPATION	yrı	1	/ L		) t
10	(a) Trade, prof- particular kind	ession or of work.	tu	faul		
1	(b) General nate business, or esta which employed	ablishmen	it in	p = 0 2 = 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	00 0 0 4 <b>00</b> 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
9	BIRTHPLACE (State or coun	try)	Mary	lun	1	
	10 NAME OF	Pro	Ma	who		
S F Z	OF FATHEI	R /	Horis	das		
PARENTS	12 MAIDEN N		ary 1	Cha	rete	7
	13 BIRTHPLA OF MOTHE (State or C	R	Ving	ini	u '	
14	THE ABOVE IS	TRUE, TO	THE BES	T OF MY K	OWLE	OGE
	(Informant)	The	) Lei	up	************	
	(Addres	as)	agus	1010		
12	Filed Nov 1	6 1	9/31/11	red el	bort	Regist
=						

(Year) Ilf LESS than I day\_hrs

ds. or min.

13183

## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. /80

Ward)

(If death occurred In a hospital or institu-tion, give Its NAME is-stead of street and

**************************************	************	numbe	
MEDICAL CER	TIFICAT	E OF DEA	тн
16 DATE OF DEATH	200	14	, 1923/
17 I HEREBY CERTIF			(Year)
192	to	000000000000000000000000000000000000000	, 192,
that I last saw halive or	ı		192
and that death occurred on th			m,
The CAUSE OF DEATH * was	as follows	12	
	***********		
Stul B	012		
	Ourstion) .	yrs,	mosds.
Contributory Secondary	***************************************	255	
	Durstion)	D.L	ds.
1/11 m	sul	wills.	M. D.
(Signed)	7	La Con	M. D.
111/15 192] (Addres	8)	Ry CCI	<u> </u>
*State the Disease Ca Violent Causes, state (1) Accidental, Suicidal or Homicic	using De Mcans of lal.	ath, or, In Injury and	deaths from (2) Whether
18 LENGTH OF RESIDENCE ients or Recent Residents)	(For H	spitals, Inst	itutions, Trans-
At place of deathyrsmosde		the Stateyrs	mosds.
Where was disesse contracted, if not at place of dea.h?		380040000000000000000000000000000000000	~~asaa7 a+4+++++++++++++++++++++++++++++++++
Former or usual residence	-00-00-00-00-00-00-00-00-00-00-00-00-00		
19 PLACE OF BURIAL OR REM	OVAL	DATE	OF BURIAL
Edgewood mo	6	mo.	15 , 1931
20 UNDERTAKER		ADDRE	
Whild's Father		Edgu	and md

Registrar

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Whooping American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; Chronic valvular heart disease; nephritis, etc. The contributory

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V. S. No. 1

PLACE OF DEATH	13184 STATE OF MARYLAND
County///	CERTIFICATE OF DEATH Registration Dist. No. 180
Village or City (No	St.: Ward)  (If death occurred In a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mark Lewing Single, widowd on Divorced (Write the word)	16 DATE OF DEATH 102 4 , 192 1
6 DATE OF BIRTH  July  (Month) (Day) (Year)	that I last saw h. Mailive on M. 3 , 1927.
7 AGE  7 AGE  9 mos. 3 ds. or min.	. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Reflectly matrix Hiphrely
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 7 mos. ds.
9 BIRTHPLACE (State or country) Way but	Contributory Secondary Children Children Contributory Children Chi
10 NAME OF Herhard Berg Eur	(Signed) Chewiff of M. D.  My 4 193 (Address) Edg Eword
OF FATHER  (State or country)  12 MAIDEN NAME (M)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER NATY FULLS	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?  Former or usual residence
(Informant) Wy, H, Marwulk,  (Address) Japan - Mo	19 LACE OF BURIAL OR REMOVAL DATE OF BURIAL MILLIAM CENTERING
Filed Nov. 4 1931 Fred Moreloft Cocal Registrat.	J. Huhnet 1300 Estaw Place
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Colton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physicium, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—coat mine, eve. wouner," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the 6 Grocery;

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V. S. No. 1 ğ of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13185
1. PLACE OF DEATH	(81)
County Harford,	Registration Dist. No. 185
Villago or City Calre de Grace ned:	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
no A CAO .	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Here 9. Devens	J.,
(a) Residence: No. Cloud Glow, Zud (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Ternalo ( la la River CED ( write the word)	100 23 1991.
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
21 : 1 48 645	Mar 23, 193/, 10 200 23, 193/
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than	I last saw h alive on 23, 19.3/; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated ebove, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of Importance
O ormin.	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.	Truck Decord & Muss
9 Industry or business In which	Megree terms of face
D SAW MILL BANK ata	Leants body boll
O to. Date deceased last worked at this occupation (month end spant in this	Maylor & James
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Pearuslury	Toxama & Shorts
(State or country)	
13. NAME A. Gillerie ;  14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What lest confirmed diagnosis? Example Was there an aulopsy?
15. MAIDEN NAME Sylvia 78, Tielela,	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide
1 Plan.	Where did injury occur? Children town, county and State)  (Specify city of town, county and State)
17. INFORMANT W' C. Students (Address) (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury Chotheres ignited
Place Pearisburg Date Nov. 26, 1931,	Neture of injury 1=2-3 Chappens of body
Personal Tours	
19. UNDERTAKER CAUCHT COMPANY (Addiess) Care de Grace, 24 A	24. Wes disease or Injury in any way related to occupation of deceased?  If so, specify
20 EUE / 10 7 2 4 31 Charles 1 7 F. a. 7	(Signed) Charles & folia M.D.
Registrar.	(Address) January at Duan Jana
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	nitrata a	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	W 44000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S. No. 1

infor-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; i tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) should be used only when needed. nature of the husiness or industry, and therefore an fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know cupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, whe are engaged in the duties of the Civil engineer, Stationary fireman, etc. But in many Physician. the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective or Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day Compositor. Architect, (a) the kind of work and also (b) the If the occupation has been changed Laborer-Coal mine, etc. Wom-Salesman. Locomotive engineer, As examples: (a) (b) Grocery,

Strtement of Cause of Death—Name, first, the Disease and Causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchapneumonia ("Pneumonia,")

tetunus) may be stated under the head of "contributory." accident; Bevolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Sewile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease approved by Committee on as fracture of skull, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, stated unless important. American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Whooping "Atrophy," "Collapse," "Coma," "Convulsions, cough; or intercurrent) affection need not be Chronic valvular heart disease and consequences (e.g., sepsis, Example: Measles (disease etc. The contributory Nomenclature Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Dr. Lewis

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Exact

PLACE OF DEATH	STATE OF	MARYLAND
County Harfard	CERTIFICATI	E OF DEATH
Jarrestsvelle	(31) Registration	Dist. No. 183
Village or City (No	lentaugh	<ol> <li>(if death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)</li> </ol>
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.  MARRIED, MOCKED (Wildowed).  OR DIVORCED (Write the word)	16 DATE OF DEATH  Nos  (Month)	19° , 1931
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I at  (NOV / 5 192) . to	tended the deceased from
7 AGE  [If LESS than   day hrs.   ds.   or min.	and that death occurred on the date state The CAUSE OF DEATH * was as follows:	d above, atm.
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)	
9 BIRTHPLACE (State or country) Boltomers, wel	Contributory Old ag Secondary (Duration)	
10 NAME OF FATHER John Boensk  11 BIRTHPLACE OF FATHER (State or country) Germany  12 MAIDEN NAME	(Signed) H.7. Bradlay  (Nov 21 1931 (Address) Fart  *State the Disease Causing Death Violent Causea, state (1) Means of i Accidental, Suicidal or Homicidal.	
of Mother Dova Schoolt  13 BIRTHPLACE OF MOTHER (State or Country) Genrang	18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)  At place In the of death yrs disease contracted,	
(Informant) Chus. Pasederbaugh	if not at place of dea.h?	
(Address) While Hall med,	Jalem Cem.	nov 22, 18/
15 Filed Nov. 22 1981 Thomas P. Brown	20 UNDERTAKER JOHN	JUNE 15 ville

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V.S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). (b) Colton mill; (a) Salesman, without more precise specification as Day specifically the occupations of persons en-Compositor, Architect, For persons who have no occupation Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL seplicaemia," "PUERPERAL perilonilis, can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough, Chronic valvular heart disease; approved letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH			
1. PLACE OF DEATH	10) M 10103			
County Harford 1818 888FOI	Registration Dist. No. 753			
Village or City House de Grace, M	AND. St., Ward			
Langth of rasidenca in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?			
2. FULL NAME Joley Phroney				
(a) Residence: Np.	St., Ward.			
(Usual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	21. DATE OF DEATH  November /3 <sup>4</sup> (Month) (Day) (Year)  22. I HEREBY CERTIFY, That I attended deceased from			
6. DATE OF BIRTH (month, day, and year) Purkuoud.  7. AGE Years Months Days If LESS than 1 day,	I last saw h alive on, 19, 19; death is said to have occurred on the date stated above, at, m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at this occupation (month and year)  11. Total time (years) spant in this occupation.	From Fractured cervical virtebra 11-13-31. Cause accidently hit by automobils while walking on Stat Road Route 40 in 26 250 M. South 1 Mile Below Harm de Strang Mid Other Contributory Causes of Importance:			
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Me was walking same disection the tutor mobile was trusveling and made mo effort to get off word			
(State of country)	What test confirmed diagnosis? Med Examination was there an autopsy? No.			
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  Tave de Sarares, with	23. If death was due to external causes (VIOLENCE) fill in also the fottowing:  Accident, suicide, or homicide? Avaidant. Date of Injury Nov. 18, 1931.  Where did injury occur? I Mile South of Board de Virace on St. Road (Specify chy or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL  Place Delle Date 2001, 21, 19 31,  19. UNDERTAKER  (Address) Place defense, 21,  20. FILED 100. 70, 1931 Charles & Folgy 77, 20,  Registrar.	Manner of injury Heit from Plass by Automobile  Nature of injury Practused Curves Vertebra  24. Was disease or injury in any way related to occupation of deceased? No  If so, specify Was oask  (Signed) Martin P. Foley Coronel M. D.  (Address) Barrs del Brase, Mr.			
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of enset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	RTHER ST	TATEMENTS	BY	PHYSICIAN
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Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10100
County darford	Registration Dist. No. 185
Villageror City Deve de Grace, the &	No. St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Mary V. Plants	13
(a) Residence: No. 55-844. Bourlan St	St Ward.
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 2000 14 19931
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
(or) WIFE of William J. Clark	22. I HEREBY CERTIFY, That I attended deceased from  1931 to MV 14 1931
6. DATE OF BIRTH (month, day, and year) Oct. 26 - 185.7	i last saw h. San alive on 4 19 14 19 3/; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
74. — 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	Date of onset
kind of work done, as SPINNER. Housework SAWYER, BDDKKEEPER, etc.	P
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Juny .
Kind of work done, as SPINNER, Courselver SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased tast worked at this occupation (month and year)  year)  0. Occupation.	
2 1 1 - 1 1	Dther Contributory Courses of importances?
12. BIRTHPLACE (city or town) Care De Trace: (State or country)	abshielery fundy
	+ Henrofthags
E	
(State or country)	Name of operation
W 15. MAIDEN NAME & analy &	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME & arali & fuit to  16. BIRTHPLACE (city or town) Name de Grace,  (State or country)	23. tf death was due to external causes (VIDLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT MANS, GOODS AND STATE OF THE S	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Inform
Place augel Millate Viv., 16, 1931.	Manner of Injury
19. UNDERTAKER Plumatontonia.  (Address) Para da 1917 a 2017	24. Was disease or injury in any way related to occupation of deceased?
20. FILED April 16 1921 Charles & Toley Son	(Signed) 121, Lewis G. M. D.
Registrar.	(Address) # All VI & J. M. May).

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I  The principal cause of death and related causes of importance were as follows:		Example II	
		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE DATE VES			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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If more blanks are needed, addits State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	3
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH	
1. PLACE OF, DEATH	13136	
county Harbord,	Registration Dist. No. 185	
Village or City Redelsrace William BON FORATIL	NoSt.,Ward	
(If	death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of rasidence in city or town where death occurredyrsmos.	X ds. How long in U. S. if of foreign birth?yrsmosds.	
2. FULL NAME John J. Dondard.		
(a) Residence: No. 6/07-Damille ava	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE; MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
water polite russied	(Month) (Day) (Year)	
5a. If married, widowed, or divorcad HUSBAND of	22. I HEREBY CERTIFY, That I ettended deceesed from	
(or) WIFE of falleme Donday.		
C DATE OF DIPTH (mostly down and was) P. lat. 27 - 1896	I last saw h aliva on	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 7.4 A.m.	
4// / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trada, profession, or particular	Grow Fractured shall caused Date of onset	
6. Had work done, as SPINNER, Carpenter SAWYER, BOOKKEEPER, etc.	on statuted their caused	
9. Industry or business in which	breek in Harford County mot on	
work was done, as SILK MILL, SAW MILL, BANK, etc.	the 10" 1 cm largered Dounty Mot on	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and yaar)	MILLIAGE MINIMOSVI (431) CO / FAM	
G 14	Other Contributory Canses of Importance:	
12. BIRTHPLACE (city or town) (State or country)		
I 13. NAME John J. Dondorf.		
13. NAME Tolardorf,  14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of County)	What test confirmed diagnosis? Medical Exanusation as there an autopsy? No.	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury Nav. 19. 1931	
(State or country)	Where did injury occur? Swan Greek Hasford County Md	
17. INFORMANT Joyn Wort.	(Specify city or Wwn, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) / Bulto: ruch	Ou State Road Roule 40 Harford Co, Mid	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Automobile accelent	
Place Purely Stee. Date 1.2., 1931	Nature of injury Frashused Skull	
19. UNDERTAKER CAddress) Balk Jewes'	24. Was disease or injury in any way related to occupation of deceased? 220	
(Address) 120 (19. 3) Charles I Take (Signed) Markey V. Fully, Coroner M. D.		
20. FILED AND 19. 1931 Charles of Soley as D. Registrar.	(Address) Barre de Urase Md. J.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importances	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

ä

	CERTIFICATE OF DEATH 13193
1. PLACE OF DEATH	
County Harford	Registration Dist. No. 185
Willage or City Hale Grace red	77 C 74 .
(16	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Joseph L. Dye.	
(a) Residence: No. / 7/J. J. Wearlast St	, St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male white married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Car WITE at Sa de Se O de Dule	22.   I HEREBY CERTIFY, That I attended deceased from
	Janus ,1929, to 1200 /3, 193/
6. DATE OF BIRTH (month, day, and year) Jely 10 - 1/870.	Hantawh Malive on 12 11 19 3/; death is sald
7. AGE Years Months Days If LESS than I dayhrs.	to have occurred on the date stated above, at 6 4m.
6/ 19 S ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	- Date of orient
SAWYER, BOOKKEEPER, etc.	( Ittero ( dolaronio June 192
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  19 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	1 demillegia
SAW MILL, BANK, etc	Clarate Attentilial
- 1 Shall the this	Jufferitis
year) occupetion	Other Contributery Causes of Importance:
12. BIRTHPLACE (city or town)	
(Stete or country) wary	Cardiae Facture
13. NAME Deutamiles Dye  14. BIRTHPLACE (city or lown)	
4. BIRTHPLACE (city or fown)	Name of operation
(State of country)	What test confirmed diagnosis? Was there en au'opsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 19
(State or country)	Where did Injury occur?
17. INFORMANT MUS. J. E. Dyel.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Kullo de la Marie de A	aposity missist injury country in Home, of in 1 obelo 1 ende.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place augel Hell Date WVV. 17,1931	Nature of Injury
19. UNDERTAKER (Address)	24. Was disease or Injury In any way related to occupation of deceesed?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I  The principal cause of death and related causes of importance were as follows:		Example II	
		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUESAU-V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Starhard	Registration Dist. No. 18
Village or City Churchen R. F.D.	
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where daath occurred 5 yrs. 3 mos	ds. How long in U.S. if of foreign birth? 5 % . yrs mos ds
2. FULL NAME William alexander	Telas In
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
B. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Colored OR DIVORCED (write the word)	(Month) (Day) (Year)
a. If merried, widowed, or divorced HUSBAND of Charlotte a. Siles	22. I HEREBY CERTIEY, That I attanded deceased from
(or) WIFE of Creative Q. 720	100 7 19 21, 10 Roov 10 19 3
DATE OF BIRTH (month, day, and year)	I last saw h_Malive on blood + 193 (death is sei
. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5 %m.
3   1 day,	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	A
kind of work done, as SPINNER, AMPER, BOOKKEEPER, etc.	Myocoroller
SAWYER, BOOKKEPER, etc Flowers in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc S. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) this procuration (months and 2 to the second in this second in this	
10. Date deceasad lest worked et   11. Total time (years)	
this occupation (month and 3 Months occupation 80 year)	
2. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Maryland	
13. NAME Asaac Siles	
13. NAME Saac Sills  14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Unbooks	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of Injury, 19
(State or country) Unitemm	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT MBO. Charlatte 4. Roles	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manage of Injury
Place Vourse M. C. Cometry Date Mrt 14, 1981	Manner of Injury
Me and the	1/1.0
9. UNDERTAKER PHUNY Javang And	24. Was disease or injury in any way related to occupation of deceased?
mor 14/21 On Medler	(Signed) J. H. Dilluney M.
20, FILED Registrar.	(Address) Perry much
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1 S. N. St. of Theor. St. of St. N. N.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEG 4 1511	July 5,1927	Peritonitis	3 days ago
	BURRAU V	9		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

02

PLACE OF DEATH	STATE OF MARYLAND
County Harlord	CERTIFICATE OF DEATH
, <b>F</b>	Registration Dist. No. 183
Village or City Madory (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Thuse White Single, MARRIED, WIDOWED.  OR DIVORCED (Write the word)	16 DATE OF DEATH 7007. 22, 19 <b>5</b> /.  (Month) (Day) (Year)
6 DATE OF BIRTH  March 22 , 1866  (Month) (Day) (Year)	that I last saw here alive on Nov 22 1931,
7 AGE    If LESS than   I day	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. 2.ds.
9 BIRTHPLACE (State or country) Harford Co, Md.  10 NAME OF FATHER Www M. Slewn	Contributory Secondary  (Duration) Syrs mos ds.  (Signed) Wellard P. Sullson M. D.  Way 24 1931 (Address) Joust Hill ma
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 CO  15 STATE OF MOTHER (State or Country)  16 CO  17 STATE OF MOTHER (State or Country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
(Informant)  (Address)  (Address)  Filed Oct 26, 1932 Thomas P. Down  Registral	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Bethel Clur.  20 UNDERTAKER  Lan  ADDRESS  Larrettavill
16 mars hawke are needed addre sitate Keristra	r. 16 W. Saratoga St. Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The queser," etc., without more process of the laborer, Farm laborer, Laborer—Coal minc, etc. Wom-laborer, Farm laborer, Laborer—the duties of the should be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement whatever, write None. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

> st.ted unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"E.haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. (secondary or intercurrent) affection need Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory valvular Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	13195 STATE OF MARYLAND
County Harford,	CERTIFICATE OF DEATH
WITSIN CORPORATO LIMI	Registration Dist. No. 185
Village or City Have de Green Vo.	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenul Colored Single, MARRIED, WIDOWED, FUNDAW, OR DIVORGED (Write the word)	16 DATE OF DEATH 2007 1923 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from 24 192/. to MY-/12, 1927.
(Month) (Day) (Year)	that 1 lest saw h walive on MVT 1 3, 1981,
7 AGE    If LESS than   day hrs.   ds.   or min.	and that death occurred on the date stated above, at
(a) Trade, profession or Housework,	Dr. Geli
(b) General nature of industry business, or establishment in which employed or (employer)	(Duretion) yrs. mos 7 ds.
9 BIRTHPLACE (State or country) Nearyland,	Contributory Secondary  (Dyration)
10 NAME OF FATHER abraba Luce.	(Signed) M. D.
OF FATHER (State or country)  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Muyland,	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence
(Informant) Laure de Grace, Sud	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Muon Com Surul Nov. 4, 1931.
15 Filed for / 1923/ Charles J Folus And Registrar	20 UNDERTAKER LOUNDER HOLDESS Service Stellesse See
If more bianks are needed, address State Registrar	, 16 W. Saratoga St. Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Spinner, (b) Colton mill; (a) Solesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. etc., report specifically the occupations of persons en-Foreman, (b) Automobile foctory. The materia or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Form loborer, Laborerwithout more precise specification as Doy (a) the kind of work and also (b) the Cool mine, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonoeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," use of "Tumor" for malignant neoplasms); Measles; approved by Committee on as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, causing Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by roilway train-Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; Chronic etc. valvular heart Nomenclature Always qualify all The contributory disease;

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(Approved by U. S. Census and American Public Health Association.)

taborer, state occupation at heginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. tired 6 yrs.. For persons who have no occupation gaged in domestic service for wages, as Servant, Cook definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness. that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken (a) report specifically the occupations of persons en-Foremon, or Al Home, and children, not gainfully em-For many occupations a single word or term on Form laborer, Laborer-Cool mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) without more precise specification as Day (b) Automobile factory. The materia Grocery,

Stritement of Cause of Death—Name, first, the DISEAR CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease lelanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL seplicoemia," "PUERPERAL perilonilis," ele-"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Illaemorrhage,") (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepeis, carbolic acid-probably suicide. The nature of the injury. Examples: Accidental drowning; Struck by railwoy train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Whooping "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic valvular heart etc. The contributory Always qualify all diseose;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1

S. No. 1

PLACE OF	DEATH			STATE OF I	MARYLAI	ND
County Jan	and			CERTIFICATE	OF DE	ATH
//	1,		46	Registration l	Dist. No. / 9	51
Village or City	tracer (No.			St.: Ward)		occurred in
²FULL 1	NAME MANY E	Kann	whi		tion, give it stead of number-)	B NAME II -
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH			
Bmale in	MARKIED, MIDOWED, OR DIWORCED (Write the word)	dow	16 DATE OF DEATH	// (Month)	24,	19 <b>3</b> /
6 DATE OF BIRTH			CERTIFY, That I att	for a	ceased from	
November 22, 1856			James	192/ . to //-	74	, 1945/
***	(Month) (Day)	(Year)	that I last saw h	alive on // - Z	9	, 1927
7 AGE		IfLESS than	and that death occurre		above, at	-/0P m.
70		ormin.?	The GAUSE OF DEATH	1 * was as follows:	14. T.	man
B OCCUPATION (a) Trade, profession or particular kind of work			**************************************	• 8 ****		
(b) General nature of industry			***************************************		6	***************************************
business, or establishment in which employed or (employer)				(Duration)	yrs. O m	osds.
9 BIRTHPLACE (State or country) Harford Co. Md.			Contributory Secondary	1 Ordinal		de de
10 NAME OF	1741 6 7 6 6 5 ,	× .	(Signed)	The	J t Douglos	M TD
MATHER	red. H. EMMOr	d	11-25 1981	(Address)	mac	1 The
OF FATHER  Z (State or cou				(ase Causing Death		ths from Whether
12 MAIDEN NA OF MOTHER	Louise Baversfe	old	18 LENGTH OF RESI	IDENCE (For Hospit	als, Instituti	ons, Trans-
13 BIRTHPLACE			ients or Recent Resi	idents) In the		
OF MOTHER (State or Cour	ntry) (- ermany		At place of deathmo	sds. Stat	eyrs	.mosda.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			Where was disease contra if not at place of death	cted, }	, maraoo o con ado e se con a o o o o o o o	
Of PARAMETER			Former or usual residence	) 0 0 11 0 000 0 000 0 000 0 000 0 000 0 000 0 0	******	***************************************
(Informant) yourse amond widly			19 PLACE OF BURIAL	OR REMOVAL	DATE OF	BURIAL
(Address)	3618 Davis 81 1	Ex Trinity Lu	theran em	nov.	26, 1931	
15 Files Nov 25 1903/ Of Meshan			20 UNDERTAKER	20 0	ADDRESS	. 50
***************************************		Registrar	Howard K.	The (mas)	Urngel	on the
If more banks are needed, address ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.						

13197

LAND DEATH

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken Civil engineer, whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomolive engineer, Foreman, (b) For many occupations a (b) Collon mill; (a) Salesman, who are engaged in the duties of the Stationary fireman, etc. But in many Automobile factory. The material single word or term on (6) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-American Medical Association.) approved Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, by Committee on Nomenclature of the or intercurrent) affection need not be Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	13138 STATE OF MARYLAND					
County Harland 2	CERTIFICATE OF DEATH					
A TELEPHORATOLI	Registration Dist. No. / 85					
was an Harris de Garage	16 death assured in					
Village or City Marie at Mile,	a hospitel or Institu-					
2 FULL NAME I guata Kowale	steed of street and number.)					
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH					
3 SEX 4 COLOR OR RACE SINGLE. MARRIED. WIDOWED.	16 DATE OF DEATH November 15 198/1					
Male white OR DIVORCED (Write the word)	(Month) (Day) (Year)					
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I ettended the deccessed from					
"11. 11.						
(Month) (Day) (Year)	that I last sew helive on, 192,					
7 AGE     If LESS than	and that death occurred on the date stated above, at / - A - m.					
1 dayhrs.	The CAUSE OF DEATH * wes es follows:					
alt, g, yrs. mos. ds. or min.?	Crushed chest punctured lungs hummorta					
8 OCCUPATION (a) Trade, profession or	of Right arm thou off at Elbow and rebs all					
particular kind of work	Broken on right side coursed by humping brigh					
(b) General nature of industry	train at Perrymans Montesion) 210 mos do.					
which employed or (employer)	Contributory Loss of blood from torn arrad					
9 BIRTHPLACE (State or country)	Secondary )					
Jolana.	(Durstion) yrs mos ghous					
10 NAME OF FATHER	(Signed) / COMM Y) Orthogram M. D.					
11 BIRTHPLACE	Nov 3º 198/ (Address) Hurre de Grace Mid					
OF FATHER  (State or country)  Of State or country)	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.					
12 MAIDEN NAME	Accidental, Suicidal or Homicidal.					
of MOTHER Mary Telearsky	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)					
13 BIRTHPLACE	At place In the					
OF MOTHER (State or Country)	of deathyrs					
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?					
and I it was lovely	Former or usual residence					
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL					
(Address) rass.	Country Cemetery nov. 3. 1931.					
15 Mars ( ) . Cla la 1 2 2 . C. D. D.	20 UNDERTAKER ADDRESS					
Filed / Av. / 1920/ Carles Registrar	Temme glowsom platracon					
If more bianks era neaded, addrais Stete Registrer, 16 W. Seretoga St., Balto., Requesting V. S. No. 1.						
	V					

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 gaged in domestic service for wages, as Servant, Cooli. Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, to report specifically the occupations of persons en-," etc., or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Luborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) taken. FOR VIOLENT DEATHS State MEANS OF INJURY Whooping (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. cough; Chronic etc. The contributory valvular heart Always qualify all not disease ;

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STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	13139
County Harford, MIRAIN GORPORAT	Registration Dist. No. / 8 5
Village or City Course de Trace, ma	V. No. St. Ward
Length of residence in city on town where death occurred	If death occurred in a hospital or institution, give its NAME instead of street and number)  s
	syrsyrsyrsyrs
2. FULL NAME servey here tree,	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Thow 13th, 1993!
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
a may 24, (43)	1 lest sew h   elive on   2   1   2   193   ; death is said
5. DATE OF BIRTH (month, day, end year)  7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 3 4 m.
( - 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
KIND OF WORK DONE OS SPINNER,	Enters Ostilus
Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
1D. Date deceased last worked at 11. Total time (years)	-
this occupation (month and spant in this occupation occupation	
12. BERTHPLACE (city or town) Have de Grace	Other Cuntributory Causes of Importance:
(State or country) rungland.	alitical feeding
13. NAME Junes & Lee  14. BIRTHPIACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Generally,	What test confirmed diagnosis? Wes there an au'opsy?
15. MAIDEN NAME Susia Phola	23. If death was due to externat causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Plante de Laco,	Accident, suicide, or homicide? Date of Injury, 19
(State or country) running	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT, James L. Tree. Code (Address) Lave de Cruce, Cup.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place DC June Melipate Curr, 19,19,11	Nature of Injury
19. UNDERTAKER Leinenstantsontson (Address) Heldricke, rud.	24. Was disease or tnjury In any way related to occupation of deceased?
20. FILED Nov. 14, 1931 Clarles J. Foly M.D. Registrar.	(Signed) Arphilises M. D. (Ardress) Hant le Seen Eur
If more blanks are needed andress State Registrar	2411 N Charles Street Baltimore Requesting TI S No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

£	3
<u></u>	•

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD LN BINDING PERMA A MARGIN RESERVED FOR S VITH UNFADING INK--THIS WRITE PL 8 No. 1 N. B.--

0

II.

PLACE OF DEATH	STATE OF MARYLAND
County Dailord,	CERTIFICATE OF DEATH
D V VIII o	Registration Dist. No. 182
Village or City wild Tell (No	St: Ward) (If death occurred in a hospital or institu-
Things of this part of the same of the sam	Ol Mi tion, give its NAME is-
2FULL NAME Elizabeth	Moreks, number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale While Single, MARRIED OR DIVORCED (Write the word)	16 DATE OF DEATH 100, 1981
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h & alive on hor for 1923.4
7 AGE   If LESS than	and that death occurred on the date stated above, atm.
60 yrs. 6 mos. 1 day hrs. or min.?	The CAUSE OF DEATH * was as follows:
R OCCUPATION Of O	
(a) Trade, profession or particular kind of work	Changia & da salkal
(b) General nature of industry	2-1-1-1-0
business, or establishment in which employed or (employer)	(Buration) yrs. mos. ds.
9 BIRTHPLACE OF O	Contributory Secondary
(State or country factory. Co. Ind.	Dome Colon (Duration) ? yrs de.
10 NAME OF FATHER	(Signed) Sanahara L. D. Janahara M. D.
11 BIRTHPLACE	(Address) 35 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
CState or county for d. Co. Ind.	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homieldal.
of MOTHER Clisably Ham.	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER SAL	At place of deathyrsmosds. Stateyrsmosds
(State or Country of an Interest Co Mil)	Where was disease contracted, if not at place of dea h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Information, Sarry Special)	19 PLACE OF BURYAN OR REMOVAL DATE OF BURIAL
(Addressest Self, ms.	Dock String Cens. Mas 19. 1931
15 El March 9 198 M. E. Richardso	20 UNDERTAKER
Registrat	Homerger Tros Justy
If more b.anks are needed, addre.s Ltate Kegistre	ar, 16 W. Saratoga t., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

additional line is provided for the latter statement; it should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salcsman, nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Richter, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (testate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a yrs). For persons who have no occupation (b) Automobile factory. The materia single word or term on Locomotive engineer, (6) Grocery,

Statement of Cause of Death—Name, first, the DISSEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cereby final fever (the only definite synonym is "Epidemic S. inal meningitis"); Diphtheria (avoid use of "Typhoid fever (never report "Typhoid Pneumonia, Bronchoppeumonia ("Pneumonia");

approved by Committee on inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease st\_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. can be ascertained as the cause. Whooping American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. valvular heart disease; Nomenclature The contributory Always qualify all not be

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V. S. No. 1

PLACE OF DEATH County Harland	STATE OF MARYLAND CERTIFICATE OF DEATH
ALIMIN COMPOSATION	Registration Dist. No.
Village or City Haure-de_ Hrace  2FULL NAME John F. 7	Nosetgamery Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white Single, MARRIED, WIDOWED. OR DIVORCED Widowe (Write the word)	16 DATE OF DEATH 7007, 198/
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I iast saw halive on, 192,
7 AGE	
42 yrs. 2 mos. 25ds. or min.?	Cause of cleath was fractured Skul
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Revolution St Have de Gracy md
business, or establishment in which employed or (employer)	(Duration) yrs
9 BIRTHPLACE (State or country)	Secondary Outomobile Seculent Chemist Chemist
10 NAME OF William Moutgamery	(Signed) Martin P. Foley "Cironer" M. D.
IN BIRTHPLACE OF FATHER (State or country)  Claid  Of.	*Stato the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whethor Accidental, Suicidal or Homicidal.
of MOTHER A alternie Claud	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Cecil Co.	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mother By Futher	Former or usual residence TOTAL COLL DATE OF BURIAL
(Address) Pesing Sun R.D.	Hopewell Cemelery Nov, 4th, 1981
15 Filed You 1981 Clarles J. Jales Registras	Joseph R Grant North East
If more blanks are needed, address State Registra	, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

12201

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-Foreman, For many occupations a single word or term on be used only when needed. (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material As examples: (a) (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, by Committee on cough; Chronic valvular heart disease; Example: Measles (disease etc. The Nomenclature of the contributory Measles;

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V. S. No. 1

PLACE OF DEATH	13202 STATE OF MARYLAND
County Farlord	CERTIFICATE OF DEATH
	. 194
1000	Registration Dist. No.
Village or City/Villey (No.	St.: Ward) (If death occurred in
2FULL NAME Mary J.	Plann St.: Ward a hospital or institution, give its NAME II stead of street and number.)
DESCONAL AND CELEBRATE	0
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED	16 DATE OF DEATH Z
The WIDOWEDT Adam	Mov. 6, 1923/
Imale 4/ML (Write the word)	(Month)(Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Le/ + 15 186	Jul 1921. to hom 6 , 1925/
(Month) (Day) (Year)	that I last saw he alive on 17 4 3 , 192/
7 AGE [If LESS than	
all day hrs	The state of the s
04 yrs. mos. 4 ds. or min.	
8 OCCUPATION	
(a) Trade, profession or	
particular kind of work However	Guana Victoris
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yrs. I mosds.
9 BIRTHPLACE (0 )	Contributory Cafeler
(State or country)	Secondary
10 NAME OF 1 AMA	(Duration) yrs. moa. ds.
FATHER SOLAR STATE OF THE SAME	(Signed) M. D.
11 BIRTHPLACE	Hor 6 1921/ (Address) Darling long rand
OF FATHER	*State the Disease Causing Death, or, of deaths from
Z (State or country)	*State the Disease Causing Death, or, deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Many Stratte	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a more of the state of the stat	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of deathyrsds. Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
James A HP.	Former or usual residence
(Informant) (Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Strut Mid	March & C. Marco 21
(Address)	paringion unillovi 8. 1931
15 Filed Mor 7 19231 MM Kirks	20 UNDERTAKER ADDRESS
Registrar	H. S. Barlen harlington M.
If more hanks are needed added a State Position	r, 16 W. Saratoga St., Balto., Recuesting V. S. No. 1.
at more plants are needed, address state hegistra	1, 10 111 Saratoga St., Dates, Nondesting 11 D. 110. 11

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewife, House-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken hou ehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, or given up on account of the DISEASE CAUSING DEATH, en at home, who are engaged in the duties of the report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Locomolive engineer,

Strtement of Cause of Death—Name, first, the Diseas. CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be ..... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-Example: Measles (disease " "Convulsions,

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or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Gook, Housemuid, etc. If the occupation has been changed business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the whatever, write None. tired 6 yrs.). For persons who have no occupation to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g., Farmer or Planter laborer, Farm laborer. Laborer-Coal mine, etc. Wom-(a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At without more precise specification as Day Home, and children, not gainfully em-As examples: (a)

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the cane disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia").

ture quences (e. g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. ment of cause of death approved by head train-accident; Revolver wound of head-homicide, Nomenclature of the American Medical Association.) as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"PUERPERAL septimenta," "PULLPERAL peritonitis," rhage," "Inanition." "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal Examples: diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weaknes." etc., when a definite disease "Dropsy," "Exhaustion," "Heart vulsions," symptomatic), "Atrophy," "Collapse," causing stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of inqualified, is indefinite); Tuberculosis of lungs, men-(secondary Whooping cough; of the injury, as fracture of skull, and conscof "contributory." (Recommendations on state FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 "Debility" ("Congenital," "Senile," etc.) Accidental drowning; Struck by railway or intercurrent) affection need not be Chronic valvular heart discase; ds.; Bronchopneumonia Example: Measles failure," "Haemor-"Coma," Committee (disease (merely (second-"Con-

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V. S. No. 1

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STATE OF MARYLAND—CERTIFICATE C	)F	DEATH
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		DEATH			<u>3</u> /3563	
	County	Harford			Regulation Dist. No. 181	
		ty Perrym dence in city or town whare		(1	No. St.,    death occurred in a hospital or institution, give its NAME instead of street and number	
2.	FULL NAM	ME Still	born R	SED		
-	(a) Resident	ce: No	(Usual place	of abode)	St., Ward.  If nonresident give city or town and Stat	e
	PERSON	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SE	MALE	4. COLOR OR RACE BLACK		RIED, WIDOWED, (D) (write the word)	November 2, 19	g 1
5a. ii	f merried, widowa HUSBAND of (or) WIFE of	ad, or divorcad			22. I HEREBY CERTIFY. That I ettended dace	
6. D	ATE OF BIRTH (	month, day, and year) N	GV. 2, 19	931	I last saw h alive on de	
7. AC			Deys	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:	te of onset
ATION	8. Trede, profas- kind of w SAWYER, 9. Industry or b	sion, or particular ork done, as SPINNER, BOOKKEEPER, atc ousiness in which	••••			
OCCUP	Kind of work done, as SPINNER,   SAWYER, BOOKKEEPER, atc.     9. Industry or business in which work was done, as SILK MILL,   SAW MILL, BANK, atc.     10. Date daceasad last workad at this occupation (month end yaar)     11. Total time (years)     spant in this occupation     12. BIRTHPLACE (city or town)   Md     (State or country)		STILLBORN			
12. B			Other Contributory Causes of importance:			
ER	13. NAME	John Edw	ard Reed			
FATHER	14. BIRTHPLACE (Stata or		, •		Name of oparetion Date of What test confirmed diagnosis? Was there an aurop	
ER.	15. MAIDEN NAM	ME Buelah V	irginia	Jones	23. If death was due to externel causes (VIOL ENCE) fill in also tha following:	37:
MOTHER	16. BIRTHPLACE (State or	(city or town)	. 0		Accident, suicida, or homicida? Date of injury  Whare did injury occur?(Specify city or town, county and State)	, 19
17. II	NFORMANT (Address)				Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. B		ON, OR REMOVAL	Date	, 19	Mannar of injury	
19. U	NDERTAKER(Addiass)				24. Wes disease or injury in any way related to occupation of deceasad?	
20. F	ILED	, 19	5/	/ Registrar.	(Signed) Thomas C. I Grown (Address) Handley Md	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		- Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		L LOGI TONG	
Other contributory causes of importance:	amerille.	Other contributory causes of importance	matara
Gallstones	May 1,1923		1 year
		100	

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also '(b) the cases, specially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parenits can be known. capation is very important, so that the relative health er," etc., without more precise specification as Day worked on may form part of the second statement Spinner: (b) Cotton mill; (a) Salesman, (b) Grocery; Civil engineer. Stationary fremen, etc. But in many business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Scruent, Cook to report specifically the occupations of persons ployed, as At school or At home. Care should be taken definite salary), may be entered a Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the laborer. Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foremen. (b) Automobile factory. The material whatever, write None. tired 6 yes.). For persons who have no occupation Hoasemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc For many occupations a single word or term on or A Home, and children, not gainfully em--Coal mine, etc. Womduties of the The ques

East cates of Cause of Death—Name, first, the bis-East cates beath (the primary affection with respect to time and cansation), using always the same accept—a ed term for the same disease. Examples: Corebrospinal effect (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid force (never report "Typhoid pheumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

> "'Dropsy," "Exhaustion," "Heart failnre," "Haemor inges, peritonaeum, etc., Curcinomu, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Always qualify all diseases resulting from childbirth or misearriage as rhage," "Inanition." "Marasmus," "Old Age," "Shoek," symptomatic), "Atrophy," "Collapse," ary), 10 do. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tunior" "Uraemia," "Weakness," etc., when a definite disease valsions," "Debility" ("Congenital," "Senile," etc.), conditions. quences (e. g., sepsis, letanus) may be stated under the as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under "Puerperal septicaemia:""Puerperal perilonitis," (secondary or intercorrent) affection need not be Chronic interstillal nephritis, etc. The contributory Whooping cough; Chronic valentar heart discuse; Nomenclature of the American Medical Association.) ment of cause of death approved by Committee head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acia-probably suicide. train-uccident; Revolver wound of head-homicide; Examples: taken. FOR VIOLENT DEATHS State MEANS OF INJURY such as "Asthenia," Accidental drowning; for malignant neoplasms); Measles; (Recommendations on state-Example: Measles "Anaemia" (merely Struck by railway " "Coma," (second-(disease etc.

If this certificate is looked over thoroughly and all questions answered in de'all, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. should state ECO. WITH UNFADING INK-THIS IS A PERMANEN TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINEY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	F MARYLAND—	Registration Dist. No. 484
Village, or City Varl	ington md	NoSt.,Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
2, FULL NAME Col	deeth occurred yrs mos	ds. How long in U.S. If of foreign birth?yrsds
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH -
3. SEX A. COLOR OR RACE	5. SINGLE, MARRIEO, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
5a. If Hussiad, widowed, activorsad HUSBAND of Cor.) HIFE of Cannuc	Smith	22. THEREBY CERTIFY, That I ettended daceased from the standard fr
6. OATE OF BIRTH (month, day, and yaer)	D.A. 22-1851	I last saw ham elive on Met 8 , 193/; death is sa
7. AGE Yeers Menths	Days if LESS then 1 day,hrs.	to have occurred on the dala stated abova, et. 6
80 /	14 or min.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:
8. Trade, profassion, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Farmer	Datella Joenas ouge
work was dona, as SILK MILL, SAW MILL, BANK, atc	11. Total time (years) spant in this	
yaar)	occupetion	Other Contributory Causes of importance: Mitral Regurgulations
(State or country)  La 13. NAME homas M	Smith	- A
13. NAME hornal 14. BIRTHPLACE (city or town) (Stata or country)	nd	Name of operation
15. MAIDEN NAME Lydia C	2 Holloway	23. If daath was due to externel causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Andrea  16. BIRTHPLACE (city or town)  (State or country)	mid	Accident, suicide, or homicide?
(State or country)  17. INFORMANT AND SALES (Address) 600	in Smith	Whara did injury occur?
18, BURIAL, CREMATION, OR REMOVAL Placa Darlington	Oate Nov 10, 1931	Mannar of Injury
19. UNDERTAKER A SI	Bailey	24. Wes disease or injury in any way releted to occupation of decaasad? 71.17
20. FILED NOT 8 , 19 3 1	n W The Rejurar.	(Signad) T. V. Survey and M. M. (Ardrass) Darlengton M. V.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		•		

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fremon, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective cf gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Foreman, report specifically the occupations of persons en For many occupations a single word or term on especially in industrial employments, it is necesyr8). Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

use of "Tumor" for malignant neoplasms); Measles; "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, (secondar) or intercurrent) affection need not be stated unless important. Example: Meosles (disease unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, corbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railwoy trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, peritonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory affection need not be valvular heart Always qualify all diseose;

RECEIVED data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. permanently filed. If this certificate is looked over thoroughly and all questions

48 6781 1861

(Address) Ho avrs cle A

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5 1927	Perilonitis	3 days ago
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLANI	D-CERTIFICATE OF DEATH		
1. PLACE OF DEATH	(2/0)/**		
County Harford WITH TORPORATE	Registration Dist. No. 185		
Village or City Starrede Draw	No. Advantage Brace Attention St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Janes B. Trage			
(a) Residence: No. Cherdien	St., Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (with the wo			
5e. If merried, widowed, or divorced HUSBAND of			
(or) WIFE of	22.   HEREBY CERTIFY, Thet I ettended deceased from		
2-1	13.19.3/ to 14.3/		
6. DATE OF BIRTH (month, day, end yeer) Mag 28 - 1926  7. AGE Yeers Months Days If LESS	I last saw h W alive on A 2 16 P ; death is said		
7. AGE Yeers Months Days If LESS 1 day,			
0 ormi	in. were as follows: Date of onset		
8. Trade, profession, or particular kind of work done, as SPINNER,	Tractured 2000 11/13/31		
SAWYER, BODKKEEPER, etc.	of assure		
work wes done, as SILK MILL, SAW MILL, BANK, etc.			
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  Date deceesed lest worked at this occupation (month and year)  Occupetion			
	Other Coulributory Causes of importance:		
12. BIRTHPLACE (city or town)  (State or country)  Mary Land	Meningalis		
13. NAME Menry (1) Trage  14. BIRTHPLACE (city or town)			
14. BIRTHPLACE (city or town)	Name of operation Temporal Gramage of 11/13/3/		
(State of country)	What test confirmed diagnosis? Translation - Was there an adopsy? - Prix		
15. MAIDEN NAME Mary 17. Dentow	23. If death was due to externel causes (VIDL ENCE) fill In also the following:		
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?		
(State or country) Maryland	Where did injury occur? Albull Administration has (Specify city or town, county and State)		
17. INFORMANT Me Henry Gy Trage	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
(Address) Salurdan m	falle 1 to away		
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury Meet of the first child.		
Place Dapling Committy Date 1477 12., 1	934. Neture of Injury Amartarrea Sheell		
19. UNDERTAKER SSENSY January James	24. Was disease or Injury In eny way related to occupation of deceesed?		
(Address) Parier and	If so, specify		
20, FILED HOW 15 131 Charles & Foley 22, 2	(Signed) Lewston & foling M. D.		
Regist	rar. (Address) - / characte del Seas Park		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD BINDING PERMA VITH UNFADING INK--THIS IS A MARGIN RESERVED FOR S No 1

PLACE OF DEATH County Don for	13209 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 83
Village or City Borry Me (No.	St: Ward) (If death occurred in a hospital or institution, give Its NAME instand of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED.  OR DIVORCED (Write the word)	(Month) (Day) (Year)
(Month) (Day), 184	that I last saw h Malive on 7007 7, 192/,
7 AGE  90 yrs. 3 mos. 8 ds. or min.?	, ,
(a) Trade, profession or particular kind of work  (b) General nature of industry	Curil Seath in fest
business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary  (Durstion) yrs. mos. ds.
10 NAME OF Edward W Ayrull	(Signed) M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D
OF FATHER Z (State or country)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	18 L'NGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds. In the Stateyrsmosds.
(Information of the Best of MY KNOWLEDGE	Former or usual residence
(Address) Struck bound	Sante Comto Da Mor 21. 13/
15 Filed Nov. 19 191 Thomas P. Bown	20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS
If more b.anks are needed, addre.s Ltate Registra	ar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mnne, etc. women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of Statement of Occupation-Precise statement of ocr," etc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the Salesman. Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.sc. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhcid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuly "PUERPERAL seplicaemia," "PUERPERAL perilonilis, can be ascertained as the cause. Always qualify all "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi American Medical Association.) approved and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as by Committee on Nomenclature of the cough; Chronic valvular heart disease; and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory Measles ;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

MARGIN RESERVED

S. No. 1	B.—WRIT	mation	CAUSI	TION
, S	Z	(	T	)

1. PLACE OF DEATH County Lawford	Registration Dist No. 183
	Registration Dist. No. / 3
Village or City of Course as Trace, m	f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmos
0 11 1 1 2	
2. FULL NAME Joseph Welchit	(VELEBIT)
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 7.
OR DIVORCED (write the word)	Wor 7 4 10831
vace printe pulkyani.	(Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That I attended deceased fr
(or) WIFE of	Wor 7 13/ to 2007 7 103
DATE OF BIRTH (world down of any Control of the Con	I last saw here alive on Zerr 7 193/; death is s
DATE OF BIRTH (month, day, and year)  AGE Years Month's Days If LESS than	2300
LL (- 1 day,hrs.	
ormin.	Date of on
8 Trade, profession, or particular kind of work done, as SPINNER, kind of work done, as SPINNER, to the sawyer, BDDKKEFER, etc.	Gullma Minorflage in
9. Industry or business in which	Chest Churchin Fring
kind of work done, as SPINNER, SAWYER, BDDKKEFER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et 2000 11. Total time (years) this occuration (month and	
ID. Date deceased last worked et 200   11. Total time (years)	j
D. Date deceased last worked et this occupation (month and year)  11. Total time (years) spant in this occupation	
A. A.	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town)	flact. Mits Chushed
(State or country)	- Ches: p pp
13. NAME Culsuour	Struckby RM Vain
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of County)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Plentenown!	23. If death was due to external causes (VIDLENCE) fill In also the following:
15. MAIDEN NAME Resulting 16. BIRTHPLACE (city or town) Unless own.	Accident, suicide, or homicide? accident Date of Injury (1/7) /193
(State or country)	Where did Injury occur? Oakington Tuck
Add to a south fort 1	(Specify city or town, county and State)
7. INFORMANT (Address) Plane & The American Company of the Company	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	
Place augel Hell Date nov. 14 1931	Manner of Injury
4	Nature of injury
9. UNDERTAKER Temmeglowson	24. Was disease or injury In any way related to occupation of deceased?
(Address) Kure de Frace, nos	If so, specify A
20, FILED Mov. 14 1931 Clarles J. Foliy on	(Signed) M
Registrar.	

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance.	92 40	Other contributory causes of importance:		
4	May 1, 1923	Gastroenteritis	1 year	
ADDIMIONAL CHACK I				

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	13411
County Hurford, DAPORATO	AUMUT D. Registration Dist. No. 186
Village or City Have te Grace, md	NoSt.,Ward
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Phonesulatte.	
(a) Residence: No. Pluster, Par	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR-DIVORCED (write the word) The following of divorced  The following of divorced  The following of divorced or di	21. DATE OF DEATH  November 22 2, 193/ (Month) (Day) (Year)
HUSBAND of Corp WIFE of Bural Kratta	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) unliver	I last saw ham _ aliva on Movember 22 7 10 50m1981 ; death is said
7. AGE Yaars Months Days If LESS than 1 day, hrs.	to have occurred on the date stated abova, at $LO^{\frac{30}{4}}$ . Pr.m.  The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8 Trada profession or particular	From Bullet wound in abdomen 11-22/31 and internal hemosthagh
kind of work done, as SPINNER, Stylesuce SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was done, as SILK MILL, Stylesuce SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and year)  yaar)  11. Total time (years) spant in this occupation	at Robert Lane house on Eric Street Know all Graves and November 22 year 1931@ 9. 4 PM
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:  Endly states above except the shooting was done with intention to Commita Felorer
13. NAME Plante Justia	a second of second second
13. NAME CLARLIE MATTE  14. BIRTHPLACE (city or town)  (Stata or country)	Name of operation no Operation Date of  What test confirmed diagnosis? Ma Examunation Was there an autopsy? Yes
15. MAIDEN NAME/MASSIE Switte	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME/May Jie Surville 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicida, or homicide Musiculus. Data of Injury 22, 1931.  Where did injury occur? November 27, 1931 of 94 PM
17. INFORMANT Milly reafts, , -	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  In Public Place Swithout Lume Colored gathering
18. BURIAL, CREMATION, OR REMOVAL Place Proxpert NanDate Nov. 27-1931.	Mannar of injury Shot Iterwish abdomen  Natura of injury Patal
19. UNDERTAKER J. W. Holines. (Addiess) Farmilelle Va	24. Was disease or injury in any way related to occupation of deceased? 200
20. FILED Ard. 25, 1931 Charles J. Foley M.D. Registrar.	(Signed) Martin & Foley "Coroner" M. D.  (Address) Howard Colo Grace md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU X R.			
Other contributory causes of importance:		Other contributory causes of importance;	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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